

DATE: 8-6-01

FROM: BRAGDON

(print name)

FORWARD TO:

A. Art Unit: 2161

B. Class: 705

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

yours (2 see clm 2) or medical people

OK for 7053
SMD

DATE:

FROM:

(print name)

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

DATE:

FROM:

(print name)

FORWARD TO CLASSIFIER

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE:

CLASSIFIER:

FORWARD TO:

A. Art Unit:

B. Class:

C Subclass:

REASON(S):

A. You had Parent

B. See Title

C. See Abstract

D. See Claim(s):

(check box)

(check box)

(check box)

FURTHER EXPLANATION IF NEEDED: